**FEC** FORM 1

Signature of Treasurer

Only

## STATEMENT OF **ORGANIZATION**

RECEIVED

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Office Uset Only 1. NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Barbara Mulvaney for Congress ADDRESS (number and street) (Check if address is changed) San Marino CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ıbarbara@barbaramulyaneyforcongress.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) ıwww.barbaramulyaneyforcongress.com (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Jana Mulvaney Type or Print Name of Treasurer Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office		For further information contact:
Use	ŀ	Federal Election Commission

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

**FEC FORM 1** (Revised 02/2009)

FEC I	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	
_	te Committee:	
(a) <u>×</u>	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate	Barbara Mulvaney	<u> </u>
Candidate Party Affilia	Office Sought: House Senate President	State CA District 33
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		111111
Party Co	ommittee:	
(d)		(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
_	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revis	ised 02/2009) F	Page 3
Write or Type Committee N	Name	
Barbara Mulva	aney for Congress	
6. Name of Any Connecto	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA	C Sponsor
		لناللا
Mailing Address		
		ШШ
		لــــا-ا
	CITY STATE ZIP C	ODE
Relationship: Conne	nected Organization Affiliated Committee Joint Fundraising Representative Leadershi	ip PAC Sponsor
<del></del>		
7. Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person in possession	on of committee
Jan	na Mulvaney	1
Tuli Namo	IPO Box 1293	<u> </u>
Mailing Address		<del></del>
	Venice 190294	<del> </del>
		]-[
Title or Position	CITY STATE ZIP C	ODE
Treasurer	Telephone number 443 [786 _	-[4073
8. Treasurer: List the name any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and the name an e.g., assistant treasurer).	d address of
Full Name Jan	na Mulyaney	
Mailing Address	PO Box 1293	لببب
	Venice P0294	 
Tille on Desiries	CITY STATE ZIP C	ODE
Title or Position	Telephone number [443] - [786]	J- <u>[4073</u>

FEC FOI	1 (Revised 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address			
	1		
	CITY	STATE	ZIP CODE
Title or Position			<u> </u>
سسيا		Telephone number	<u></u> -L
safety deposit b	•	ch the committee deposits	funds, holds accounts, rents
safety deposit b Name of Bank,	xes or maintains funds. Depository, etc.	ch the committee deposits	unds, holds accounts, rents
safety deposit b Name of Bank,	xes or maintains funds. Depository, etc.	ch the committee deposits	unds, holds accounts, rents
safety deposit b Name of Bank,	xes or maintains funds. Depository, etc.	ch the committee deposits	funds, holds accounts, rents
Banks or Other safety deposit b Name of Bank, Mailing Address	xes or maintains funds. Depository, etc.	ch the committee deposits	funds, holds accounts, rents
safety deposit b Name of Bank,	ves or maintains funds.  Depository, etc.  US Bank [3302,Pjco Blyd] [3302,Pjco Blyd]		
safety deposit b Name of Bank,	ixes or maintains funds.  Depository, etc.  [US]Bank	CA)	9 <b>0</b> 4 <b>0</b> 5, j-
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## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark fllegible No Postmark Shipping Date Overnight Delivery Service (Specify): & & Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(8/2013)

PREPÀRER